



**Massachusetts Department of Public Health
Office of Emergency Medical Services
Part H: Affiliation Agreement Review**



Please fill out the following form for review. Please review 105 CMR 170.300 with respect to affiliation agreements. These regulations have been modified. The affiliation agreement(s) should reflect the new requirements. The ambulance regulation program inspector will be reviewing these new requirements during the licensure process.

Name of Service _____ Service Number _____

Contact Person for Service _____ Contact Telephone Number _____

Name of Affiliate Hospital _____

Contact Person for Hospital _____ Contact Telephone Number _____

Effective Date of Agreement _____ or ☐ None

Expiration Date of Agreement _____ or ☐ None

Service Signatory(ies) _____ Still Current ☐ Yes ☐ No

Hospital Signatory(ies) _____ Still Current ☐ Yes ☐ No

Affiliate Hospital Medical Director _____ Contact Number _____ ☐ None Identified

	Yes	No
1. Does the agreement address the requirement to abide by statewide treatment protocols?		
2. Does the affiliate hospital medical director authorize the service's EMS personnel to practice?		
3. Does the agreement provide for 24-hour on-line medical direction?		
4. Does the agreement have provisions for quality assurance and quality improvement?		
5. Does the agreement provide for a regular review of trip records for ALS calls?		
6. How often does trip record review take place?		
7. Does the agreement provide for skill maintenance?		
8. Do EMS personnel have access to remediation, training and retraining as necessary under the oversight of the medical director?		
9. Does the agreement provide for regular consultation between medical and nursing staff and EMTs providing ALS?		
10. How often does the consultation in # 9 take place?		
11. Does the agreement provide for recorded communication between EMT and physician providing medical direction?		
12. Are trip records signed by physician or his/her designee?		
13. Does the agreement provide procedures for the service obtain/exchange medications from the hospital pharmacy?		
14. Are there limits to what the hospital agrees to exchange/provide to the service?		
15. With which other hospital(s), if any, does this service have an affiliation agreement?		

Comments: _____

